

BLANKET PURCHASE ORDER

STATE OF MARYLAND

***** STATE OF MARYLAND *****

BPO NO: 001B8400457

PRINT DATE: 07/18/18

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SHIP TO: AS SPECIFIED ON INDIVIDUAL ORDERS	
VENDOR ID: SECUREMEDY INCORPORATED 3 POST OFFICE ROAD SUITE# 101 WALDORF, MD 20602 (240)419-3125	REFER QUESTIONS TO: TONIA V. WELLS (410)767-4720 TONIAV.WELLS@MARYLAND.GOV
ITB:	EXPR DATE: 10/25/18 POST DATE: 06/04/18
	DISCOUNT TERMS: . NET 30 DAY CONTRACT AMOUNT: 40,734.00

TERMS:

ARTICLES HEREIN ARE EXEMPT FROM MARYLAND SALES AND USE TAXES BY EXEMPTION CERTIFICATE NUMBER 3000256-3 AND FROM FEDERAL EXCISE TAXES BY EXEMPTION NUMBER 52-73-0358K. IT IS THE VENDOR'S RESPONSIBILITY TO ADVISE COMMON CARRIERS THAT AGENCIES OF THE STATE OF MARYLAND ARE EXEMPT FROM TRANSPORTATION TAX.

EMERGENCY PROCUREMENT - SIX (6) MONTHS
UNARMED UNIFORMED GUARD SERVICE FOR CHARLES COUNTY DEPARTMENT OF
SOCIAL SERVICES
4/24/18 THOROUGH 10/24/18

OPERATING FUNDS:
N00 18 GO010 0819 \$10,998.18
N00 18 G3010 0819 \$16,700.94
N00 18 G4100 0819 \$2,444.04
N00 18 G5000 0819 \$5,702.76
N00 18 G6010 0819 \$4,888.08

VENDOR CONTACT: OLABANJI FOLAYAN, OFOLAYAN@SECUREMEDY.COM,
301-828-0653

AGENCY CONTACT: MAURICE BUTLER, MAURICE.BUTLER@MARYLAND.GOV,
301-392-6631

PLEASE RETAIN THE IFB AND ANY ATTACHMENTS FOR FUTURE REFERENCE.

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<u>LINE #</u>	<u>STATE ITEM ID</u>	<u>U/M</u>	<u>UNIT COST</u>	_____
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SECURITY GUARDS

THIS IS A EMERGENCY PROCUREMENT FOR UNARMED GUARD SERVICE FOR THE CHARLES COUNTY DEPARTMENT OF SOCIAL SERVICES LOCATED AT 200 KENT AVENUE, LA PLATA, 20646 FOR SIX (6) MONTHS BEGINNING APRIL 24, 2018 THROUGH OCTOBER 24/2018, ACCORDING TO THE TERMS, CONDITIONS, CONTRACT PROVISIONS AND SPECIFICATIONS.

GUARD HOURLY BILLING RATE OF \$15.50 X 2628 ESTIMATED HOURS = \$40,734.00

_____ END OF ITEM LIST _____

THE BLANKET PURCHASE ORDER (BPO) ISSUED AS A RESULT OF THE INVITATION TO BID (ITB) AND ANY SUBSEQUENT AMENDMENTS, MODIFICATIONS OR OPTIONS ISSUED RELEVANT TO THE ITB OR BPO, SHALL COMPLY WITH ALL OF THE TERMS, CONDITIONS AND SPECIFICATIONS ISSUED WITH THE ITB AND ARE INCORPORATED IN AND MADE PART OF THE BPO.

IF THE STATE OF MARYLAND OR OTHER REGULATORY BODY REQUIRES A LICENSE OR CERTIFICATE TO PERFORM THE SERVICES REQUIRED, PLEASE PROVIDE THE LICENSE NUMBER AND DATE OF ISSUANCE.

LICENSE NUMBER

DATE OF EXPIRATION

IF YOU ARE A DEPARTMENT OF TRANSPORTATION CERTIFIED MINORITY BUSINESS, PLEASE PROVIDE YOUR CERTIFICATION NUMBER.

MDOT'S MBE CERTIFICATION NUMBER

***** LAST PAGE *****

AUTHORIZED BY: _____ DATE: _____

BUYER AUTHORIZED DESIGNEE